



Acupuncture Assessment Intake Form

**Thank you for scheduling your free 30 minute Acupuncture Assessment with Capitol Rehab.
Please provide the information requested below.**

Name _____

Date of Birth _____

Complaint Area _____

Secondary Complaints _____

Have you had acupuncture treatment before? ____ Yes ____ No

Do you have a fear of needles? ____ Yes ____ No

If you have any additional comments/questions/concerns, please list them here:
